

Children's Personal Care Services

Definition & Background

Under the Medicaid State Plan, Children's Personal Care Services (CPCS) is available to Medicaid eligible children (under the age of 21) who need significant assistance with activities of daily living due to physical or mental disability.

Activities of daily living include such items as feeding, bathing, dressing, toileting, etc. Based on an assessment of need, children receive an allocation of hours to provide staff assistance in these areas. These hours can be used flexibly in and around the child's home and community. CPCS are part of the State of Vermont's requirement to provide services to Medicaid-eligible children under the federally-required

for this program because:

Early, Periodic Screening, Diagnosis and Treatment (EPSDT) program. This translates to CPCS being an entitlement for those children who are eligible.

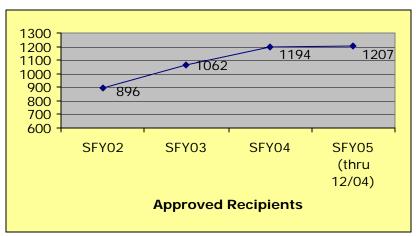
Formerly administered by the Office of Vermont Health Access (OVHA), Children's Personal Care Services was relocated to the newly-created Department of Aging and Independent Living (DAIL) in July 2004. DAIL makes a logical home

- of the historically strong relationships between DAIL and provider agencies;
- approximately 60% of the recipients have a developmental disability and a significant number of recipients have a physical disability; and,
- A significant number of these children may require adult services from DAIL, thus easing the transition from children to adult services.

Special points of interest:

- Children's Personal Care Services started in 1995
- Original estimates anticipated serving 300 children/year
- In FY 2005 the number of children served is expected to top 1,300 by year end

Program Challenges

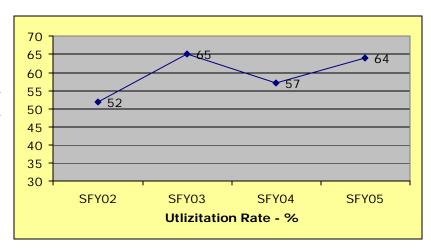


◆ A major issue facing this program is rapid growth. When the State added CPCS in 1995, a maximum enrollment of 300 children was estimated. As of December 2004, the number of approved recipients was 1,207. Since CPCS is an entitlement program under EPSDT, once determined eligible, children must have the service available to them.

The rise in enrollment is related, in part, to

pressures on services to children as a whole. Economic pressures have caused other discretionary programs, such as Medicaid waivers for children with developmental disabilities, to tighten eligibility and reduce support available. This correlates with increased application and enrollment in the CPCS program.

◆ Another significant challenge in the CPCS is the under-utilization of hours allocated. This is a major cause of frustration for families. Historically, recipients have only accessed 1/2 to 2/3 of what they have been allocated. Low utilization rates can be attributed to a number of causes including:



- ♦ Low rates paid to providers (\$13.50/hour)
- ♦ Lack of providers willing to provide the service
- ♦ Low pay for workers

Families are allowed to hire their own workers. In fact, for most families approved for service at this time, this is their only option.

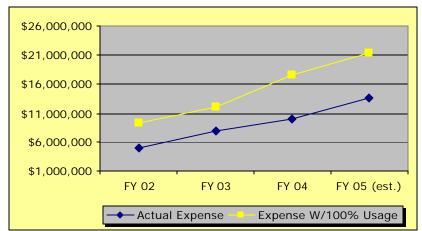
Program Challenges (continued)

♦ As the program improves performance related to fulfilling the approved hours of service, the issue that

bears direct correlation to this is the total funds expended.

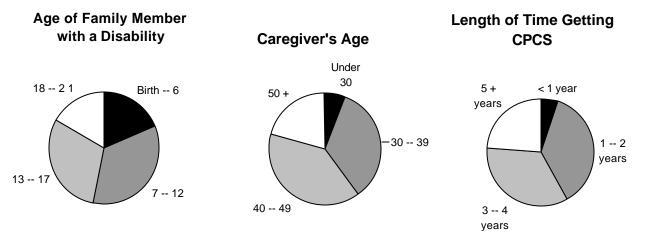
Because the combination of the growth rate and the goal to improve utilization cannot be sustained together, it is likely that program changes will need to be made to:

- ♦ Tighten eligibility criteria;
- ♦ Tighten the program benefit allowed (i.e., number of hours of service); or,
- ♦ Some combination of both of the above.



Family Satisfaction

- Once the CPCS program transferred to the Department of Aging and Independent Living, the Department conducted a baseline satisfaction survey of families participating in the program. The intent of the survey was to give DAIL a baseline of information and to provide some insight into the issues facing the program.
- A total of 1,237 surveys were distributed; the total returned was 379 giving a response rate of 33% (minus undeliverable surveys due to address).



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 - Despite the low utilization rates shown on the previous page, families reported many positive aspects of the program:
 - \Rightarrow Most of the time the personal care application process happened in a timely way (78%)
 - \Rightarrow Most of the time personal care workers provided services to the family's satisfaction (72%)
 - ⇒ Most of the time personal care services made a positive difference in the disabled family member's life (85%)
 - ⇒ Most of the time personal care services were helpful to the family's overall well-being (88%)

Families also reported several areas where progress is needed:

- ⇒ 84% of families reported that their needs did not change often enough to warrant a 6 month assessment
- ⇒ 68% of families identified agency-hired workers as knowledgeable and effective
- ⇒ 47% of families expressed difficulty with recruiting a personal care worker some or all of the time
- ⇒ 45% of families expressed problems with their workers not showing up or canceling at the last minute



Future Plans

It is clear that Children's Personal Care Services are an integral part of helping families who have children with disabilities living at home. While many positive aspects of the program need to continue, the rate of expenditures needs to be managed. One significant item and two further initiatives that are underway to begin to address these issues are:

- ♦ Effective July 1, 2004, the assessment process moved from once every 6 months to once annually. This reduced state expenditures to conduct the assessments and responded to family concerns about the frequency of assessment.
- The development of "unified service plans" for those children who have multiple services (i.e., children's personal care services; Medicaid waiver services and high technology home care). Currently there are 11 such children receiving these multiple services, at a significant cost to the State.
- ♦ The formation of a "redesign workgroup" to assist DAIL staff in considering the issues facing the CPCS program. The workgroup includes providers, recipients/families; advocates; members of the legal community; referring agencies, and DAIL staff.